•								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2000								0975/193					
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
Tre	TAL CLAIMS		(Column 1) (C		(Colu	mn 2)	TYPE			OR	SMALL	ENTTTY	•
TOTAL CLAIMS							RATE FEE		FEE]	RATE	FEE	
FOR			NUMBER FILED N		NUME	BER EXTRA	BASIC FEE		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20=		- 37		X\$ 9) =		OR	X\$18=	666	
INDEPENDENT CLAIMS			minus 3 = _			13	X40=			OR	X80=	24-9/	O
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+135=			1	.070		
* If the difference in column 1 is less than zero, enter "0" in column						column 2	TOT/			OR	+270=	105	/ 61·€
CLAIMS AS AMENDED - PART II								\L	L	OR	OTHER	PD6	1 61.0
(Column 1) (Column 2) (Column							SMA	LL I	ENTITY	OR	SMALL		
NT A		CLAIMS REMAINING		HIGH NUMI		PRESENT			ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO	OUSLY	EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE	
M	Total	· 57	Minus	5	7	1_	X\$ 9		PEC		V#10_	rcc_	
AMENDMENT	Independent	. 1AL	Minus	/		= 8	V2 3	=		OR	X\$18=	5-1/	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X40	=_		OR	X80=	516	
ت							+135	=		OR	+270=		
	1	1					TO			OR	TOTAL	51/20	, al
-	129/2	(Column 1)		(Column 2) (Column 3)				EE			ADDIT. FEE	910	e
AMENDMENT B	10. (1)	CLAIMS	1	HIGH	EST				ADDI-	1		ADDI-	
		REMAINING AFTER		PREVIO	OUSLY	PRESENT EXTRA	RATE		TIONAL		RATE	TIONAL	
	Total	AMENDMENT		PAID	7				FEE	 		FEE	
		. 30	Minus Minus	-5		=	X\$ 9:	_		OR	X\$18=		
	Independent	IST PRESENTATION OF MULTIPLE DEP		PENDENT CLAIM			X40=			OR	X80=		
	7 MOTT TIESE	ITATION OF MIC	JETH CE DEI	LAUCIAI	ODAII.	<u> </u>	+135	=		OR	+270=		
							TOT			OR ,	TOTAL	10	
		ADDIT. F			,	ADDIT. FEE	<i>,</i>						
AMENDMENT C	1	(Column 1) CLAIMS REMAINING		(Column 2) HIGHEST NUMBER		(Column 3)		7	ADDI-	· [ADDI-	
		AFTER		PREVIO	DUSLY	PRESENT EXTRA	RATE		TIONAL		RATE	TIONAL	
	Total	AMENDMENT	Minus	PAID	FOR	_		-	FEE	ŀ		FEE	
			Minus			=	X\$ 9=			OR	X\$18=		
	Independent	RST PRESENTATION OF MULTIPLE DEPEND		FNDENI			X40=			OR	X80=		
	THIS I PRESENTATION OF MOLTIFLE DEPENDENT CLAIM						+135=				+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
***	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE												
		ber Previously Pai					ound in the	арр	ropriate box	in colu	ımn 1.	ļ	